

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Regency Hualalai	CHAPTER 90
Address: 75-181 Hualalai Road, Kailua-Kona, Hawaii 96740	Inspection Date: April 22 & 23, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
HDCA
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services</u>. (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p><u>FINDINGS</u> Resident #1 – Service plan dated 8/19/20, 10/5/20, 11/6/20, and 3/31/21 state, “weight monitoring monthly”; however, documentation of weight for 11/2020, 12/2020, and 1/2021 were unavailable.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH- OHCA STATE LICENSING</p>	<p>21 MAY 13 PM 2:55</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #11 – Annual service plan update unavailable between 2/21/18 and 2/21/20</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	
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		<p>Regarding resident #11 Service plan revision was done in 2019. The review date was not entered correctly.</p>	
		<p>In the future:</p> <ul style="list-style-type: none"> At the end of each month the DON, C-RN and RCC will review all service plans that were due and check for completion. Any services plans not completed and appropriately documented in PCC will be finished at that time. <p>Clinical leadership team will be educated regarding this process</p> <p>Completion Date: 6/8/2021</p>	<p>21 MAY 13 PM 2:55</p> <p>STATE OF HAWAII DON-ONCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(B) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Three meals daily, seven days a week, including modified diets and snacks which have been evaluated and approved by a dietitian on a semi-annual basis and are appropriate to residents' needs and choices;</p> <p>FINDINGS</p> <p>Resident #1 -- Physician's diet order dated 9/8/20 states, "ADA 2000 calorie + low salt diet"; however, diet order on service plan dated 8/19/20, 10/5/20, 11/6/20, and 3/31/21 states "regular-diet".</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p><u>11-90-8</u></p> <p><u>Range of Services (b) (1)</u></p> <p><u>Services</u></p>	
		<p align="center">Regarding Resident #1</p>	
		<ul style="list-style-type: none"> • Diet Order adjusted in service plan • ADA/Low Salt diet order given to Dietary Department • LN discussed dietary restrictions with Resident to ensure her understanding • Resident signed 'Managed Risk' form stating she is aware of her dietary needs and will continue to order her meals independently with guidance from spouse. <p align="center">Date of Completion: 6/8/2021</p>	<p align="center">21 MAY 13 PM 2:55</p> <p align="center">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – Prescription label on bottle of labetalol filled on 12/4/20 states, "Take ½ tab by mouth twice daily"; however, the medication administration record (MAR) states, "Give 0.5 tablet orally one time a day for therapeutic use". The order on medication bottle and MAR are not consistent.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p><u>11-90-8</u> <u>Range of Services (b) (1) (F)</u> <u>Services</u></p> <p><u>Regarding Resident #1</u></p> <ul style="list-style-type: none"> • Pharmacy label stating change of directions immediately applied to medication container • Medication order reviewed by LN • Physician contacted for clarification • Necessary changes made to ensure eMar order and prescription label matched • Immediate in-service held with Med Tech's regarding process for clarification and notification of any discrepancies with pharmacy labels and eMar orders <p>Completion Date: 4/22/21</p>	
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		<ul style="list-style-type: none"> Medication Audit conducted for reconciling medication orders on eMar with corresponding pharmacy labels Any discrepancies were corrected <p>In the future:</p> <ul style="list-style-type: none"> Med Techs will notify LN immediately upon discovery of any discrepancy between eMar order and pharmacy label LN will review orders and reconcile with Physician and Pharmacy LN and/or Med Techs will apply "change of directions" pharmacy label as necessary Med Techs will be educated on process to ensure pharmacy medication label matches directions on eMar <p>Date of Completion: 6/8/2021</p>	<p>21 MAY 13 PM 2:55</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p>FINDINGS Residents #2-13 – Annual physical exam unavailable for review. Submit copy with plan of correction.</p> <p>Resident #4 – Initial 2-step TB clearance unavailable for review. Submit copy with plan of correction.</p> <p>Resident #2,5,11 – Annual TB clearance unavailable for review. Dose #2 of COVID vaccine given on 2/7/21. Submit copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p><u>11-90-9</u> <u>Record and reports system (a) (1)</u></p> <p>Annual Physicals Regarding residents #2-13 No current annual physicals available Requests are being sent to resident's physician for most current physical examination Once received, documentation will be scanned in to resident chart</p> <p>Initial 2Step TB Regarding resident #4 Resident did not have a 2step TB clearance due to past positive TB test We received signed physician statement of Positive TB results, Attestation and CXR</p> <p>Annual TB Clearance Regarding resident #2,5,11 Annual TB tests done March and April 2021</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>21 MAY 13 PM 2:55</p>

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	<p>Resident #2,5,11 – Annual TB clearance unavailable for review. Dose #2 of COVID vaccine given on 2/7/21. Submit copy with plan of correction.</p>	<ul style="list-style-type: none"> • RCC will scan documentation into resident chart upon admission • Clinical Leadership Team will be educated regarding this process • Completion Date: 6/8/2021 	<p>21 MAY 13 PM 2:55</p> <p>STATE OF HAWAII DOH-OFCA STATE LICENSING</p>

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Licensee's/Administrator's Signature:

Stephen R Hicks

Print Name:

Stephen R Hicks

Date:

5-11-21

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